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ABSTRACT

This literature review is intended for use by organizations and agencies who are working to develop coordinated and integrated services for children and families in their communities. The information is organized in a framework that reflects primary areas of importance in evaluating implementation and effects of collaboration. The reviewed documents reflect a combination of empirical research findings, recommendations based on multiple practitioners' experiences, theoretical perspectives, and analyses of existing programs. The major sections have been organized to correspond to the four broad framework categories. Section 1 gives an overview of the report. Section 2 summarizes the factors that may shape collaborative initiatives. Section 3 summarizes the factors that may facilitate or impede the implementation of collaborative processes. Section 4 crystallizes the key elements that are part of a collaborative effort. Section 5 identifies an array of claims that collaborative initiatives may make about positive impact on children and families and the system as a whole. This section also includes a compilation of intermediate and long-term indicators that might be used to substantiate these claims. Also included are a list of broad evaluation questions for Minnesota's Family Service Collaboratives and Children's Initiative Partners, and a list of the primary focus of each of the reviewed articles. Contains 33 references. (AA)

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The Design, Delivery, and Evaluation of Community-Based Family Service Collaboratives

A Review of the Literature

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SECTION ONE: OVERVIEW

This review of literature is intended for use by organizations and agencies who are working to develop more coordinated and integrated services for children and families in their communities. The factors outlined in this review have been identified by researchers, experienced service practitioners, and organizational theorists as key components in designing, implementing, and evaluating the impact of collaborative service provision. The information is organized in a framework that reflects primary areas of importance in evaluating implementation (or processes) and effects (or outcomes) of collaboration. The framework includes four broad categories:

CONTEXT:	The background factors that affect collaborative design and implementation plans
BARRIERS AND FACILITATORS:	The factors that either enhance or inhibit collaboration
COLLABORATIVE PROCESSES:	The key elements that describe actual collaborative implementation strategies
OUTCOMES:	The claims that collaboratives can make about the observable effects of their work and the indicators used to substantiate those claims.

This framework corresponds with the model used to develop broad evaluation questions for Minnesota's Family Service Collaboratives and Children's Initiative Partners. These evaluation questions are presented in Attachment A.

This literature review is based on an examination of documents from various service sectors (i.e., education, health, human services, and economic security). We found that it was necessary to include documents from the various sectors in order to obtain a comprehensive perspective on issues related to integrated services and systems evaluation. Depending on the particular focus of a collaborative program, some factors across the framework will be more relevant than others. A listing of all references reviewed and the primary focus of their work is presented as Attachment B. Additionally, selected references for each framework category are included at end of the corresponding section.

The documents that have been reviewed reflect a combination of empirical research findings, recommendations based on multiple practitioners' experiences, theoretical perspectives, and analysis of existing programs. Because not all of the factors identified here are based on empirical research findings, to a large degree, their validity and

usefulness must be determined by the collaborative initiatives who use this document to design and implement their evaluation plans.

This is a work in progress. As state and local-level collaborative efforts designed to meet the service and support needs of children and families are increasingly examined and evaluated, more and more information will become available about the contextual factors that shape the initiatives, the factors that enhance or inhibit collaborative processes, and the implementation strategies that lead to improved short and long-term outcomes for children and families.

How to Use this Report

This document is intended as a resource for local collaboratives as they design, implement, and evaluate their initiatives. The information should be useful in conceptualizing a variety of evaluation approaches: context evaluation, barriers/facilitators evaluation, process evaluation, and outcome evaluation. Table 1 summarizes the characteristics of these evaluation approaches in terms of proposed objectives, data collection methods, and how the data may be used by decision-makers.

The major sections of this document have been organized to correspond to the four broad framework categories. Section Two summarizes the factors that may shape collaborative initiatives. In Section Three we summarize the factors that may facilitate or impede the implementation of collaborative processes. Section Four crystallizes the key elements that are part of a collaborative effort. In Section Five we identify an array of claims that collaborative initiatives may make about positive impacts on children and families and the system as a whole. This section also includes a compilation of intermediate and long term indicators that might be used to substantiate these claims.

TABLE 1: Evaluation Approaches

	EVALUATION OF CONTEXT	EVALUATION OF BARRIERS/FACILITATORS	PROCESS EVALUATION	OUTCOME EVALUATION
Objective	To identify the target population To assess strengths and needs To identify opportunities to address needs and build on strengths To diagnose problems underlying identified needs To judge whether proposed objectives are sufficiently responsive to assessed strengths and needs	To identify and assess system capabilities in terms of collaborative barriers and facilitating factors	To identify strengths and weaknesses of procedural design To record key elements and procedural events To assess relevance of key process elements to community needs To assess level of involvement in collaborative processes and decision making To assess the quality of collaborative processes	To identify program claims and corresponding indicators To relate indicators to organizational and community context factors and key program elements To interpret worth and merit of the program
Data Collection Methods	• System/community analysis • Surveys • Document review • Interviews • Diagnostic tests	• Surveys • Interviews • Observation • Document Reviews	• Structured observation of collaborative practices • Document review • Process descriptions • Interactions with project staff	• Document and record reviews • Surveys • Assessment instruments (vary greatly by identified indicators)
How Data May Be Used by Decision- Makers	Deciding upon the geographic setting to be served Determining program goals associated with meeting needs or capitalizing on opportunities Establishing the objectives associated with solving problems Planning needed changes Establishing a basis for judging outcomes	Identifying sources of collaborative support Developing barrier reduction/removal strategies Structuring change activities	Implementing and refining program design and procedures Interpreting outcomes	Deciding whether to continue, terminate, modify, or refocus collaborative activities Presenting a clear record of effects (intended and unintended, positive and negative)

SECTION TWO: KEY CONTEXT FACTORS SHAPING COLLABORATIVE PROCESSES AND IMPACT

Context includes a variety of background factors that have an effect on the design and implementation of collaborative processes and the outcomes achieved. A recognition and understanding of these elements will help to explain the factors that influenced the design of the collaboratives, the resulting processes, and the outcomes achieved.

The Context factors presented in this section include characteristics of the community's families, including the children, youth, and parents in need of services; characteristics of the community as a whole; and the service delivery systems currently in place.

Characteristics of the community's children, youth, parents, and families

The demographic profile of the community

- Population growth rate
- Population distribution by age
- Family structures
- Racial/ethnic characteristics
- Occupational profiles
- Home ownership and general housing patterns
- Per capita income
- Family income
- Educational attainment
- Percent of families at or below poverty level
- Number of people with disabilities

The community's beliefs, values, attitudes, and norms

- Cultural beliefs
- Cultural practices
- Cultural celebrations and other traditions
- Approaches to family issues and to child rearing

Children and family challenges the service system is designed to address

Child and Family Health

- Incomplete childhood immunizations
- Inadequate preventive health care for children, pregnant women
- Inadequate medical insurance
- Infant mortality
- Poor nutrition
- Premature births
- Sexually transmitted diseases (e.g., HIV/AIDS)

Family Functioning

- Social isolation
- Child abuse and neglect
- Runaways
- Family violence
- Young children caring for self alone at home

Child Development

- Delayed physical development
- Delayed language development
- Delayed social development

School Performance

- Behavior problems
- Absenteeism
- Academic failure
- Grade Retention
- Student drop-out rates

Youth Maturation and Social integration

- Drug abuse
- Social isolation
- Limited social/communication skills
- Juvenile crime rate
- Suicide
- Homicide
- Unemployment

Economic Self Sufficiency

- Poverty
- Income inadequate to meet basic needs
- Minimal employment or job-seeking skills
- Inadequate shelter/housing

Characteristics of the community and its service delivery system

The community's geographic boundaries

- Defining the community to be served geographically (as the city, county, school district, etc.) will help to align the structures and operations of governance bodies, the location of services, and the characteristics of the population.

The community's leadership

- Local business representatives
- Clergy and other representatives of religious congregations and agencies
- Culturally specific organization representatives
- Elected officials
- Leadership of collaborative projects
- Advocacy and volunteer organization representatives
- Philanthropists
- Health, human service, and educational service providers
- Higher education representatives

Programs and services available to support families

Availability and eligibility

- Array of specific programs offered
- Service eligibility criteria
- Service capacity (e.g. how many individuals or families can be served at one time?
Are people on waiting lists for services?)
- Location of the program or service
- Availability of public transportation to the service site

Structure of existing agencies and services

- Leadership and management practices
- Training and experience of staff,
- Management-staff interaction model (e.g., bottom-up or top-down management practices),
- Decision making practices (who shares in decision making and in what level of decisions)
- Organization of multiple services within one agency

Degree of current service integration

- Extent to which multiple programs within agencies share employees, resources, and information
- Extent to which all core services are available within agencies (i.e., outreach, intake, diagnosis, referral, follow-up)
- Type and extent of case coordination (i.e., case management, case conference, case team)
- Administrative links across agencies in the areas of resources, planning and programming
- Personnel practices
- Administrative support

Agency policies related to service provision

- Service delivery approach (e.g., asset or deficit-based)
- Level of attention to cultural relevance of services
- Focus on prevention or intervention
- Focus on cognitive, emotional, physical, spiritual, and/or social health needs

Selected References for Key Context Factors

- Department of Health and Human Services. (1991). *Services integration for families and children in crisis*. Washington, DC: Office of Inspector General.
- Sugarman, J.M. (1993). *Building local strategies for young children and their families*. Washington, DC: Center on Effective Services for Children.
- Watcke, R.R. (1982). Community needs assessment: Using social indicators and key informants. *Community Catalyst*, 7(3), 6-10.

SECTION THREE: FACTORS THAT FACILITATE OR IMPEDE EFFECTIVE COLLABORATION

Conditions that tend to facilitate effective collaboration include factors surrounding the attitudes, values, and perceptions of collaborating partners. These are called interpretive facilitating factors. Contextual facilitating factors include structural components such as technology, organizational complexity, and economic patterns.

Barriers include the obstacles, both interpretive and contextual, that exist within systems that block or hinder implementation of collaborative initiatives and the achievement of the collaborative's goals.

Both interpretive and contextual facilitating factors and barriers are presented here. These factors and barriers may serve as the basis of a self-evaluation by the collaborative members and to periodically assess the status of collaborative processes.

Factors that facilitate effective collaboration

Interpretive facilitating factors (i.e., attitudes, values, and perceptions of organizational/collaborative participants)

- Perceived need for collaboration
- Perceived benefits to organizations and families outweigh the perceived costs
- Positive staff/administrator attitudes favor collaboration
- Consensus between administrators and staff about program goals and activities
- Agencies see others as being a valuable source of resources
- Perceived ability to maintain program identity/prestige/power in the collaborative relationship
- Reward system for staff reinforces group-centered approaches and collaboration
- Accessibility to other organizations
- Positive evaluations of other organizations and their staff
- A level of similarity or overlap in resources, goals, and needs across organizations
- Shared common commitment to families
- Organizations share common definitions/ideologies/interests/approaches
- Perceived partial interdependence among organizations
- A history of good relationships between organizations

Contextual facilitating factors (i.e., organizational structures in place)

- Needs/benefits actually exist (for certain types of families, or resources to better serve families)
- Scarce resources
- Prevailing organizational/environmental norms value innovation through collaboration
- Standardization of procedures has taken place (referral procedures, scheduling of activities)
- A level of occupational diversity among staff that is complementary
- A broad range of services are offered by organizations
- Leadership styles of organizational management favor collaboration
- Regular opportunities exist for informal contact/exchanges of information/resources across organizations
- Geographic proximity among organizations
- Staff are specifically assigned to boundary-crossing roles
- Similarity in organizational structures, supply capabilities, needs, and services
- Chances exist for voluntary association of staff across organizations (leading to reduction of misconceptions and hostilities and the development of a common ground for discussion)

Factors that pose barriers to collaboration

Interpretive barriers (i.e., attitudes, values, and perceptions of organizational/collaborative participants)

- Sense of competition for resources or clients among organizations
- Organizations perceive a loss of program identity
- Organizations perceive a loss of prestige or role as "authority"
- Organizations have differing levels of service effectiveness
- Alienation of certain types of families by some organizations
- Differing leadership approaches/authority among organizations
- Differing professional backgrounds of staff
- Disparities in staff training across organizations
- Different program priorities, ideologies, outlooks, or goals for families
- Lack of a common "language" among organizations and differing professions
- Internal norms among staff do not favor cooperation or collaboration
- Negative evaluations of other organizations and staff
- Lack of knowledge and skills among agency/organization staff
- Poor historical relations between organizations
- Perceived sanctions by peers or higher authorities

Contextual barriers (i.e., organizational structures in place)

- Costs (in terms of resources or staff time) outweigh the actual benefits
- Lack of communication among higher level staff
- Bureaucratization that inhibits internal as well as external communication
- Centralization of authority causing large amounts of "red tape"
- Little staff time devoted to boundary crossing roles
- Structural differences (scheduling, pay structures, contract agreements, standards of service, funding mechanisms)
- Differences in organizational priorities, goals, or tasks
- High staff turnover within organizations
- Other organizations/agencies having little to offer
- Lack of geographic proximity
- Professionalization of staff roles limits flexibility
- Inadequate cross-agency monitoring and evaluation practices for decision making
- Ineffective community governance structures

Selected References for Factors that Facilitate or Impede Effective Collaboration

- McLaughlin, J.A., & Covert, R.C. (1986). *Evaluating interagency collaboration*. Chapel Hill: University of North Carolina.
- Rogers, D.L., & Whetten, D.A. (Eds.) (1982). *Interorganizational Coordination: Theory, Research, and Implementation*. Ames: Iowa State University Press.
- Whetten, D.A. (1981). Interorganizational relations: A review of the field. *Journal of Higher Education*, 52 (1), 1-28.

SECTION FOUR: KEY ELEMENTS OF COLLABORATIVE PROCESSES

Collaborative processes include factors that characterize direct implementation efforts. These factors define the overall design of the collaborative initiative, the collaborative service delivery system, the case management system, the actual integration of various services under the collaborative umbrella, and the services that are used by families. Understanding collaborative process factors helps to explain the relationship between original intentions and subsequent program claims. Process factors can help to explain why certain program claims have been achieved while others have not.

Key process factors identified in this section include those related to ongoing collaborative planning and design, collaborative governance, information management and communication, resource integration and allocation, and elements of collaborative services provided. Collaboratives may want to examine the implementation of their processes in terms of these factors.

Comprehensive and ongoing planning

- Examination of the match between range of services offered and the needs/assets of the community's children and families
- Examination of the degree to which services/supports offered are actually used by the community
- Examination of the collaborative "infrastructure" (e.g. administrative and governance structures, use/integration of funds, facilities utilization, staff training and career development)
- Examination of the extent to which service delivery practices inform subsequent decision making practices

Collaborative governance

Governance structures in place

- Interagency agreements
- Human Services Board
- Joint Powers Authority
- Development of a new Non-Profit Agency
- Informal Governing Board

Participation in governance structure

- Who (by role and affiliation) participates in the governance of the collaborative
- The extent to which decision making authority is distributed and shared
- Who (by role and affiliation) assumes leadership responsibility within the governance structure

Role of the governance body

- Setting collaborative agenda and priorities
- Development of strategies
- Coordinating and distributing resources
- Maintaining accountability
- Distributing authority
- Empowering others to act on behalf of the collaborative

Information management and communication

Information maintained and shared across collaborative partners

Service provider information

- Agency Goals
- Service eligibility, accessibility, and current availability
- Array of services provided
- Contact person

General collaborative/organizational information

- Organizational updates (upcoming events, new funding sources)
- Training opportunities
- Educational materials or resources
- Exchange of knowledge or experiences
- Research findings
- Review of debated issues

Service Recipient information

- General family demographics
- Family strengths and needs
- Identification of array of services currently being received
- Case management or service coordination plans
- Case manager or key case contact
- Individual or family plans/goals
- Dates of service provision
- Documentation of progress toward goals
- Measures of identified outcomes and indicators
- Follow-up information

Modes of communication across collaborating organizations

- Informal phone conversations
- Formal or informal meetings
- Electronic communication (E-mail, Internet)

Levels of communication across collaborating organizations

- Direct service staff
- Administration/management
- Policy makers/decision makers

Funding integration

- Integration of funds from multiple sources (including local, state, and federal funding streams)
- Joint budgeting
- Joint purchase of services
- Wrap-around funds or discretionary funds for use by direct service providers

Collaborative activities

Public Awareness

- Special events sponsored by the collaborative
- Media coverage of collaborative activities
- Establishment of a collaborative newsletter

Case Management/Service Coordination

- Provision of a universal point of service contact
- Coordinated intake and assessment practices

Service Accessibility and Scheduling

- Co-located services
- Family resource centers or other "one stop shopping" models
- Flexible transportation services
- Home visits
- Expanded service delivery hours
- Drop-in services
- Additional staff during "peak" hours

Service Provision

- Child care
- Drop-in centers
- Early childhood screening
- Employment and training services
- Family planning services
- Family Preservation services
- Family Resource Center activities
- Housing assistance
- Immunizations
- Mental Health services
- Mentoring
- Nutrition assistance
- Outreach to the community
- Outreach to families with newborns
- Parenting classes
- Prenatal services to pregnant women
- Preschool programming/child development services
- Resource and referral services
- School/preschool registration
- Service coordination/case management
- Substance abuse treatment/counseling
- Transportation assistance

Service Integration

- Co-location of core services for families
- Family Resource centers
- Coordination across an array of community-based services (e.g., housing, transportation, public safety, parks and recreation, child care, education, human services)

Coordinated Staff Training and Support

- Staff transfers across agencies/organizations
- "Loaned" administrators across agencies/organizations
- Cross training of staff from multiple agencies/organizations
- Incentives for continuing education
- Training of staff for boundary crossing roles (i.e., understanding the functions and working of other agencies and departments)

Selected References for Collaborative Processes

- Kagan, S.L., Rivera, A.M., & Parker, F.L. (1991). *Collaboration in action: Reshaping services to young children and their families. Executive Summary*. New Haven: Yale University, Bush Center in Child Development and Social Policy.
- Melaville, A.L., & Blank, M.J. (1991). *What it takes: Structuring interagency partnerships to connect children and families with comprehensive services*. Washington, DC: Education and Human Services Consortium.
- Smrekar, C. (1994). The missing link in school-linked social services programs. *Educational Evaluation and Policy Analysis*, 16(4), 422-433.
- Sugarman, J.M. (1993). *Building local strategies for young children and their families*. Washington, DC: Center on Effective Services for Children.

SECTION FIVE: OUTCOME EVALUATIONS OF COLLABORATIVE PROCESSES

Outcome evaluations typically identify the areas where collaboratives expect to have a positive impact on children and families, and on the system as a whole. Within the broad area of outcome evaluation, the term claim is used here to articulate the observable effect of a collaborative initiative. Claims are based on the measurable changes expected in the lives of children, families, or the service system as a whole. The term indicator is used here to define the evidence or documentation that can be examined to substantiate a claim. Because long term indicators typically measure observable effects that may not appear for a period of several years, intermediate indicators are used to reflect effects in the short-term (one or two years). The assumption is that a number of intermediate variables may predict long-term changes in key claim areas.

The claims and indicators identified here should be useful to collaboratives as they develop their outcome evaluation designs.

The claims, intermediate indicators, and long term indicators presented on the following pages have been compiled from a number of key sources. They are presented within claim categories that reflect the child and family-based challenges outlined in Section Two. These claims and indicators can serve as a starting point for collaboratives seeking to identify program claims that are relevant to their own contexts and key program elements. When identifying program claims and indicators, collaboratives should consider the following:

1. Select claims and indicators that relate directly to what the collaborative initiative is actually doing (i.e., key program elements). Don't hold the initiative accountable for fixing community problems beyond the scope of the collaborative by measuring broad local trends. These global measures may be more relevant as a needs assessment tool for the collaborative.
2. Look to intermediate indicators, such as service use patterns, that may be precursors to long-term claim indicators. For example, information about rates of timely and complete immunizations can be an intermediate indicator of longer range incidence of communicable diseases.
3. Set realistic goals for the collaborative. It takes time to affect community conditions that have developed over a long period of time.

Selected References for Outcome Evaluations

- Thornton, C., Love J., & Meckstroth, A. (1994). *Comprehensive strategies for assessing the outcomes of community-wide efforts to support children and families*. Princeton: Mathematica Policy Research, Inc.
- Young, N., Gardner, S., Coley, S., Schorr, L., & Bruner, C. (1994). *Making a difference: Moving to outcome-based accountability for comprehensive service reforms* (Resource Brief 7). Falls Church, VA: National Center for Service Integration.

CLAIM CATEGORY: Child and Family Health

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Improved Prenatal Care	Increased rates of participation in prenatal care	• Continued increase • Decreased incidence of women smoking during pregnancy • Decreased incidence of women using alcohol during pregnancy
	Increase in WIC enrollments of eligible pregnant women	Continued increase
	Increase in appropriate medical referrals to hospitals for high-risk pregnancies	Continued increase
Improved Maternal Health	Increase in proportion of mothers who report improvements in six health concept areas: physical functioning, role functioning, social functioning, mental health, health perceptions, and pain	Continued increase
	Increase in use of regular source of gynecologic care	Continued increase
	Increase in use of family planning services	• Continued increase • Increased birth intervals • Decrease in second births to adolescents
Improved Birth Outcomes	(see intermediate indicators for prenatal care)	• Increase in gestational age at birth • Decrease in incidence of low-birthweight babies • Decrease in infant and neonatal mortality rates
Increased Access to Health Care		Increase in mothers and children covered by health insurance
	Increase in incidence of children who have a regular source of routine medical care	• Decrease in hospitalizations for upper respiratory tract infections, otitis media, croup, toxic ingestions, bronchitis and asthma, fractures and sprains, pneumonia, and gastroenteritis • Decrease in number of children with preventable complications of diabetes mellitus, sickle cell anemia, seizure disorder
	Increase in incidence of children who receive a regular well-child examination	continued increase

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Increased Access to Health Care (cont.)	Increase in number of eligible women and children participating in Medicaid	Continued increase
	Providers more willing to serve Medicaid patients	Continued increase
	Increase in rates of completed immunizations	Continued increase
	Increase in proportion of children who have regular vision and hearing screenings	Continued increase
	Increase in proportion of children who have regular dental checkups	Continued increase
	Increased numbers of high-risk children participating in early intervention programs	Continued increase
	Decrease in incidence of children using emergency rooms for non emergency conditions	Continued decrease
Decreased Incidence of Preventable Diseases and Disabilities	Increased use of safety precautions to reduce accidents and unintentional injury (e.g. car seats, seat belts)	• Decrease in post neonatal mortality rates • Decrease in preventable infant mortality
	Increased rates of completed immunizations	Reduced number of cases of diseases for which immunization is available -pertussis, polio, measles, mumps, or rubella
Overall Health Improved	More positive parent perceptions of child's health status	Continued improvement in parent perceptions
	Fewer children with functional limitations due to health conditions	Continued reduction
	Fewer children with morbidities or serious morbidities	• Increase in proportion of children who are within age-appropriate height and weight norms

CLAIM CATEGORY: Family Functioning

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG -TERM INDICATORS
Intellectual Stimulation Increased	Increase in amount of time caregivers spend with child in intellectually challenging activities (reading, arts and crafts, trips to parks or museums)	Continued higher levels
	Increase in number of educational materials in the home	Continued increase
	Increase in caregiver regulation of children's television viewing	continued increase in regulation
Emotional Supportiveness Increased	• Increased warmth and responsivity of parents • More emotionally supportive styles of parental discipline and control • Reductions in levels of parental stress	• Continued increase • Continued change in style of discipline • Continued reduction in stress • Reduced incidence of youth runaways
Decrease in Child Maltreatment	Possible increase in reports of child abuse and neglect	Decrease in reports of substantiated abuse and neglect
Decreased Incidence of Depression	Reduced proportion of parents reporting/indicating high levels of depression	Further reductions in depression
Decreased Rates of Adult Conflict and Violence	Possible increased levels of spouse/partner abuse reports in the intermediate-term	• Reductions in substantiated reports of spouse/partner abuse • Reductions in repeated use of battered women's shelters
Violence	Reductions in frequency and severity of verbal and physical violence between parent and spouse or partner	Continued reduction in frequency and severity of family violence
Decreased Levels of Daily Stress	Decrease in identified hassles of daily living	Reductions in daily stress and increases in adult sense of well-being
Decreased Family Isolation/Increased Rates of Connectedness	Increased parental involvement in supportive community-level organizations (schools and preschools, child care centers, libraries, religious organizations, family centers, community centers)	Continued community involvement at a higher level
	Increase in use of family, friends, books, teachers, religious advisers, support groups for support in child rearing	Continued use

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Improved Family Stability	Increased labor-force participation among mothers choosing employment	• Improved maternal employment patterns, including: increased labor-force participation rates, increase in number of weeks worked in the past year, and increased earnings
		Decrease in divorce rates
	Decrease in number of children in out-of-home placement	Continued decrease
	Decrease in number of work days missed for child-related reasons	Continued decrease

CLAIM CATEGORY: Child Development

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Increased Participation in Early Childhood and Care Programs before Kindergarten	Increased enrollments in early education and care programs	Continued increase
	Longer waiting lists for early childhood programs	Increased supply of early childhood programs; perhaps shorter waiting lists
Improved Language Development	Increased levels of receptive, expressive, and productive language among preschoolers	Continued increase
Improved School-Related Knowledge and Skills	Increased school-related knowledge and skills	Continued increase
	Improved motor development and coordination	Continued improvement
Improved Social Well-Being	Increased levels of cooperation, assertion, and responsibility, and increased degree of self-control	Continued increase
Decreased Incidence of Behavior Problems	Decreased levels of withdrawn, antisocial, anxious, depressed, and overly dependent behavior	Continued decrease

CLAIM CATEGORY: School Performance

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Decreased Need for Remediation		• Decreased proportions of children identified as developmentally delayed at kindergarten entry • Reductions in number of children assigned to special education programs
Improved Attendance	Decreased incidence of unapproved absences	Improved overall attendance
Increased Rates of Steady Grade Progression and School Achievement	Improved basic skills and academic achievement	Reductions in rates of children retained in grade
	Decreased school dropout rates	Continued decrease in school dropout rates

CLAIM CATEGORY: Youth Maturation and Social Integration

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Increased Rate of Youth Productively Engaged	Decrease in youth not in school and not in labor force	Continued decrease
Decrease in Anti-Social or Violent Behavior	• Increased involvement in supervised extra-curricular activities • Increased involvement in social skills training opportunities • Increased involvement in problem-solving skills development training	• Decrease in teenage arrests for violent crime • Decrease in teenage fatalities as a result of violent crimes • Decrease in teen suicides
Improved Adolescent Well-Being	Decrease in births to teenagers	Continued decrease
	Decrease in cases of sexually transmitted disease	Continued decrease
	Decrease in the proportion of teenagers using or abusing drugs and/or alcohol	Continued decrease
	• Decrease in youth receiving traffic violation citations • Increase in use of safety precautions to reduce accidents and unintentional injury (e.g. seat belts, motorcycle helmets)	Decrease in the number of teenage accidental deaths

CLAIM CATEGORY: Economic Self-Sufficiency

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Increased Economic Stability for Families	• Increased access to job training and re-training programs	• Increased employment options and opportunities
	• Increased participation in job training programs	• Increased employment advancement opportunities
	• Increased number of families paying bills on time	• Increased family income
	• Increased number of parents who receive full payment of awarded child support	• Decreased number of families on income support programs
	Decrease in number of families that spend less than 20% of income on housing	Decrease in number of families using homeless shelters
Increased Community-Wide Economic Stability		Increased available job positions
		Increased employer commitment to hiring community members
		Increased access to employment with job security and benefits
		Increased affordable housing units
		Increased access to reliable transportation

CLAIM CATEGORY: Organizational and Systemic Change

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Improved Program/ Service Effectiveness	Increased participation in prevention programs	
	Increased participation in intervention programs	
	Increased number of available programs and services	
	Increased level of participant satisfaction	
	Decreased system response times to family needs for programs and services	
Improved Financial Stability/Coordination	Increased access to resources from multiple sources (private, local, state, federal)	
	Increased coordination of multiple resources	
	Increased fiscal efficiency	
Improved Staff Capacity	Decentralization of authority and decision-making roles	
	Increased use of staff training and re-training programs	
	Increased communication between direct service staff and management	
Improved Overall Organizational Health	Increased staff satisfaction with current employment	
	Decreased staff turnover	
	Increased use of goal, strategy, and outcome clarity and agreement processes in governance structure	
	Increased efficiency of internal and interorganizational communication	
	Increased stakeholder (including politicians, other decision makers, community members, etc.) satisfaction with organizations and their efforts	

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Improved Integration of Services	Increased coordination of services with organizations offering similar/complementary services	same
	Increased communication between agencies	same
	Interagency agreements in place	same
	Collaborative governance structures in place	same
	Collaborative partner agreement on overall goals, objectives, and outcomes	same
	Interagency funding strategies and structures in place	same
	Identification of staff to fulfill boundary crossing roles between collaborative organizations	same
	Standardization of procedures across agencies	same
	Increased opportunities for cross-training and interorganizational staff development	same

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Attachment A:
**Broad Evaluation Questions for Minnesota's Family Service Collaboratives
and Children's Initiative Partners**

CONTEXT

- 1.1 What factors and community characteristics have influenced the design and implementation of the collaborative initiatives?
- 1.2 What issue(s) or problem(s) were the collaboratives designed to address?

BARRIERS

- 2.1 What are barriers to implementation of the collaborative initiatives at the state and local level?
- 2.2 How have collaborative initiatives addressed local-level barriers?
- 2.3 How have state-level barriers been addressed?

COLLABORATIVE PROCESSES

Involvement

- 3.1 How are organizations/agencies, community groups, and families chosen to be directly involved in the collaborative initiative?
- 3.2 Which organizations/agencies, community groups, and families are directly involved in the implementation of the collaborative initiative?
- 3.3 What role(s) do participating organizations/agencies, community groups, and families play in the collaborative initiative?

Governance

- 4.1 What governance structures are in place within each collaborative site?
- 4.2 Who participates in the governance of the collaborative initiative? How are these participants chosen?
- 4.3 What authority does the governing body have?

Resources

- 5.1 How have grant funds been used?
- 5.2 How much funding has been leveraged from other sources for use by the collaborative initiatives?
- 5.3 To what extent are sites integrating funds and resources?

Organization Elements

- 6.1 What are the key elements of the implementation plans for collaborative initiatives?
- 6.2 To what extent are key elements culturally relevant?
- 6.3 What progress have the collaborative sites made toward implementing the key elements of their local plans?

OUTCOMES

Systemic Change

- 7.1 What types of systemic change do the collaborative initiatives expect to achieve?
- 7.2 What are the indicators of systemic change in collaborative sites?
- 7.3 What are the indicators of systemic change at the state level?
- 7.4 To what extent has systemic change occurred?

Outcomes for Children, Youth, and Families

- 8.1 What types of outcomes have been specified by the collaborative initiatives?
- 8.2 What indicators substantiate the achievement of these outcomes?
- 8.3 To what extent have the outcomes been achieved?

Attachment B:
Primary Focus of the Literature Reviewed

Reference	Focus of the Literature		
	Expert Opinion/ Recommendations	Research or Evaluation Based	Analysis/ Theory
Bane, M.J. (1992). <i>Integrating family services: The state role</i> . Cambridge: Harvard University, Malcolm Wiener Center for Social Policy.	X		
Behrman, R.E. (Ed.) (1992). <i>The future of children</i> , 2(1). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation		X	X
Bruininks, R.H., Frenzel, M., & Kelly, A. (1994). Integrating services: The case for better links to schools. <i>Journal of School Health</i> , 64(6), 242-248.	X		X
Bruner, C. (1991). <i>Thinking collaboratively: Ten questions and answers to help policy makers improve children's services</i> . Washington, DC: Education and Human Services Consortium.	X		
Carreon, V. & Jameson, W. (1993). <i>School-linked services: Lessons from seven California communities</i> . San Francisco: San Francisco State University, California Research Institute.		X	
Crowson, R.L., Driscoll, M.E., & Menacker, J. (1992). <i>School-community relations under reform</i> . Berkeley: McCutchan.		X	X
Department of Health and Human Services. (1991). <i>Services integration for families and children in crisis</i> . Washington, DC: Office of Inspector General.		X	

Focus of the Literature

Reference	Expert Opinion/ Recommend- ations	Research or Evaluation Based	Analysis/ Theory
Division of Human Resources. (1993). <i>School-Linked Human Services: A comprehensive strategy for aiding students at risk of school failure. Report to the chairman, committee on Labor and Human Resources, U.S. Senate.</i> Washington, DC: General Accounting Office. (ERIC Document Reproduction Service No. ED 372 818)		X	
Dryfoos, J.G. (1994). <i>Full-service schools: A revolution in health and social services for children, youth, and families.</i> San Francisco: Jossey Bass.		X	X
Education Commission of the States. (1992). <i>Confidentiality and collaboration: Information sharing in interagency efforts.</i> Denver: Author. (ERIC Document Reproduction Service No. ED 345 402)	X		
Farrow, F. (1990). <i>State financing strategies that promote more effective services for children and families.</i> Washington, DC: The Center for the Study of Social Policy.	X		
Flynn, C.C., & Harbin, G.L. (1987). <i>Evaluating interagency coordination efforts using a multidimensional, interactional, developmental paradigm.</i> RASE, 8(3), 35-44.			X
Gardner, S.L. (1992). <i>Community report cards: Making kids count.</i> Fullerton: California State University, Center for Collaboration for Children.	X		

Focus of the Literature

Reference	Expert Opinion/ Recommend- ations	Research or Evaluation Based	Analysis/ Theory
Gray, B. (1985). Conditions facilitating interorganizational collaboration. <i>Human Relations</i> , 38(10), 911-936.			X
Gray, B. (1989). <i>Collaboration: Finding common ground for multiparty problems</i> . San Francisco: Jossey Bass.			X
Kagan, S.L., Rivera, A.M., & Parker, F.L. (1991). <i>Collaboration in action: Reshaping services to young children and their families. Executive Summary</i> . New Haven: Yale University, Bush Center in Child Development and Social Policy.		X	
Kinney, J., Strand, K., Hagerup, M., & Bruner, C. (1994). <i>Beyond buzzwords: Key principles in effective frontline practices</i> . Falls Church, VA: National Center for Service Integration.			X
Kirst, M., Mclaughlin, M., & Massell, D. (1992). Rethinking policy for children: Implications for educational administration. In B. Mitchell & L.L. Cunningham (Eds.), <i>Educational leadership and changing contexts of families, communities, and schools</i> . Chicago: University of Chicago Press.			X
Liontos, L.B. (1991). Social services and schools: Building collaboration that works. <i>Oregon School Study Council Bulletin</i> , 35(3).	X		
Mattessich, P.W., & Monsey, B.R. (1992). <i>Collaboration: What makes it work</i> . St. Paul, MN: Amherst H. Wilder Foundation.	X	X	

Focus of the Literature

Reference	Expert Opinion/ Recommend- ation	Research or Evaluation Based	Analysis/ Theory
McCart, L. (1993). <i>Changing systems for children and families</i> . Washington, DC: National Governors Association .	X		X
McLaughlin, J.A., & Covert, R.C. (1986). <i>Evaluating interagency collaboration</i> . Chapel Hill: University of North Carolina.	X		X
Melaville, A.I., & Blank, M.J. (1991). <i>What it takes: Structuring interagency partnerships to connect children and families with comprehensive services</i> . Washington, DC: Education and Human Services Consortium.	X		
Melaville, A.I., Blank, M.J., & Asayesh, G. (1993). <i>Together we can: A guide for crafting a profamily system of education and human services</i> . Washington, DC: U.S. Government Publishing Office.	X		X
Rogers, D.L., & Whetten, D.A. (Eds.) (1982). <i>Interorganizational Coordination: Theory, Research, and Implementation</i> . Ames: Iowa State University Press.			X
Smrekar, C. (1994). The missing link in school-linked social services programs. <i>Educational Evaluation and Policy Analysis</i> , 16(4), 422-433.		X	
Sugarman, J.M. (1993). <i>Building local strategies for young children and their families</i> . Washington, DC: Center on Effective Services for Children.	X		X

Focus of the Literature

Reference	Expert Opinion/ Recommend- ations	Research or Evaluation Based	Analysis/ Theory
Thornton, C., Love, J., & Meckstroth, A. (1994). <i>Comprehensive strategies for assessing the outcomes of community-wide efforts to support children and families</i> . Princeton: Mathematica Policy Research, Inc.	X		
U.S. Department of Education. (1991). <i>Collaboration to build competence: The urban superintendents' perspective</i> . Washington, DC: Office of Educational Research and Improvement.	X		
U.S. Department of Education. (1994). <i>Strong families, strong schools: Building community partnerships for learning</i> . Washington, DC: Author.	X		
Watcke, R.R. (1982). Community needs assessment: Using social indicators and key informants. <i>Community Catalyst</i> , 7(3), 6-10.	X		
Whetten, D.A. (1981). Interorganizational relations: A review of the field. <i>Journal of Higher Education</i> , 52 (1), 1-28.			X
Young, N., Gardner, S., Coley, S., Schorr, L., & Bruner, C. (1994). <i>Making a difference: Moving to outcome-based accountability for comprehensive service reforms</i> (Resource Brief 7). Falls Church, VA: National Center for Service Integration.	X		X